

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20827

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. LENGTH OF STAY (In this place) 18 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Bethany		d. STREET ADDRESS (If rural, give location) 2118 Alder	
d. FULL NAME OF HOSPITAL OR INSTITUTION Noll Memorial Hospital				0411			
3. NAME OF DECEASED (Type or Print) LILLIE		a. (First)		b. (Middle)		c. (Last) BLOMFIELD	
4. DATE OF DEATH June 10, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	
8. DATE OF BIRTH Jan. 25, 1875		9. AGE (In years last birthday) 82		10. MONTHS 4		11. YEARS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Martinsville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Van Hoozer		13b. MOTHER'S MAIDEN NAME Sarah Jones		14. NAME OF HUSBAND OR WIFE Hatten G. Blomfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME R. V. Blomfield, St. Joseph, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated diverticulum lower sigmoid. DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 4 months  10 yrs.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947, 19, to 6-10, 1957, that I last saw the deceased alive on 6-9, 1957, and that death occurred at 5:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] M.D.				23b. ADDRESS Bethany Mo.		23c. DATE SIGNED 6-10-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1957		24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery		24d. LOCATION (City, town, or county) (State) Bethany, Mo.	
DATE REC'D BY LOCAL REG. 6-10-57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Bethany, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0411

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clark L. Fortch*

Licensed Embalmer No. 4831

P. O. Address Bethany, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.